City of Portland Travel Authorization/Expense Report

Pre-Travel: Please enter information in blue cells only, where applicable. For Meals & Incidental Expenses, use Per Diem Calculator - totals will automatically be included here. Post-Travel: Confirm M&IE per diem using Per Diem Calculator; complete green cells, as applicable. Yellow cells include formulas and will populate based on entries in blue and green cells.

Today's Date:	10/9/2018	Bureau/Inte	eroffice Add. 119/1542					
Name (printed):	Levester Denham		Employee PERNR#:					
Destination City/State:	Portland, OR		Employee Vendor #:					
Travel Dates - Departure:	October 29, 2018	Return:	November 3, 2018					
Title of Travel/Training:	Lieutenant Assessment Center							
Purpose of trip and benefit	to the City:							
Levester Denham will be sei	rving as an external sworn assessor on ou	ır Lieutenant pro	omotional assessment center, he is traveling from					
Chicago Police Department.								
Notes/Other information:								
	 							

ESTIMATED EXPENSES FILL THIS PORTION OUT BEFORE BOOKING TRAVEL TO GAIN APPROVAL EXPENSES (BLUE CELLS ONLY)	ACTUAL EXPENSES FILL THIS PORTION OUT <u>AFTER</u> TRAVEL IS COMPLETED (GREEN CELLS ONLY)				NOTES FOR BUREAU USE ONLY	
		FINAL COSTS	ITEMIZATION BY PAYMENT METHOD			
	\$	All payment methods	City check or other	P-card	Paid by employee	
TRANSPORTATION TO DESTINATION (see instructions)	\$490.27	\$0.00				
LODGING	\$982.36	\$0.00				
MEALS & INCIDENTAL EXPENSES PER DIEM	\$271.50	\$0.00	11/1/1/1		\$0.00	
REGISTRATION FEES		\$0.00				
OTHER (List Each Category below)						
Baggage Fees	\$50.00	\$0.00				
Travel to hotel from airport and from hotel to airport	\$80.00	\$0.00				
		\$0.00				
•		\$0.00				
		\$0.00				
		\$0.00				
		\$0.00				
Total Estimated Costs	\$1,874.13					
Total Actual Costs (All/By Paym	\$0.00	\$0.00	\$0.00	\$0.00		
Actual Costs vs. Estimated	0.0%	Total du	ie employee	\$0.00		

Authorizations, Approvals, Reviews								
	Pre-Travel			Post-Tra	ivel			
Pre-Travel	Signature			Signature	Date			
Employee	MU_	1500	2018					
Other								
Other								
Bureau Director/Designee								
Commr. In Charge/Designee								
Fund	Cost Object	Account Numb	er	Project Number	Amount			
Invoice Number:				Date:				